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## BIB DATA SHEET

CONFIRMATION NO. 9055

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS   | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.   |
|---|---|---|---|--------------------------|
| 10/529,032  | 03/23/2005  | 606   | 3709  | 5387-012                 |
| <b>RULE</b>   |   |   |   |                          |
| <b>APPLICANTS</b><br>Kyung-Tae Kim, Seoul, KOREA, REPUBLIC OF;<br>Jung-Sung Kim, Seoul, KOREA, REPUBLIC OF;<br>Byung-Soo Kim, Seoul, KOREA, REPUBLIC OF;<br>Tae-Jin Shin, Seoul, KOREA, REPUBLIC OF;<br>Young-Ho Choi, Gyeonggi-do, KOREA, REPUBLIC OF;                     |   |   |   |                          |
| <b>** CONTINUING DATA *****</b> <i>72</i><br>This application is a 371 of PCT/KR03/01926 09/23/2003   |   |   |   |                          |
| <b>** FOREIGN APPLICATIONS *****</b> <i>72</i><br>REPUBLIC OF KOREA 10-2002-0059059 09/28/2002  |   |   |   |                          |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b>   |   |   |   |                          |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /ELANA BETH FISHER/<br>Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>KOREA, REPUBLIC OF | <b>SHEETS DRAWINGS</b><br>8   | <b>TOTAL CLAIMS</b><br>5 |
| <b>INDEPENDENT CLAIMS</b><br>1  |   |   |   |                          |
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| <b>TITLE</b><br>Implant for correction of pectus excavatum  |   |   |   |                          |
| <b>FILING FEE RECEIVED</b><br>450   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                          |